

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-046003

FILED VS DEC 19 1960

149

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. 6062

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY VERNON				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in lb 24 days		c. CITY OR TOWN MOUNDVILLE		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First BERYL Middle C. Last DAVIS				4. DATE OF DEATH Month DECEMBER Day 2 Year 1960				
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5-22-98	9. AGE (last birthday) 62	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (City and state or country) FULTON, KANSAS		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME JAMES DAVIS			13b. MOTHER'S MAIDEN NAME LAURA FUNK		14. NAME OF HUSBAND OR WIFE none			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) YES WW 2		16. SOCIAL SECURITY NO. 492-42-8373		17. INFORMANT ORA DAVIS, sister MOUNDVILLE, MO. VA HOSPITAL OFFICIAL RECORDS, K.C., MO.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac arrest during induction of endotracheal anesthesia for extensive extraction of carious teeth Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Parkinson's disease 10 years duration							INTERVAL BETWEEN ONSET AND DEATH <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)						
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE	
21. VA attended the deceased from 24 days to XXXXXXXXXXXX Death occurred at 9:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE T. J. FRITZLEN (Degree or title) M.D.			22b. ADDRESS VA HOSPITAL K.C., Mo.		22c. DATE SIGNED 12-2-60			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12-2-1960	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) NEVADA, MISSOURI		(State)		
24. FUNERAL DIRECTOR D.W. Newcomer's Son's Kansas City, Mo.		ADDRESS	25. DATE RECD. BY LOCAL REG. 12-3-60	26. REGISTRAR'S SIGNATURE H-L. Sawyer				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____

working under my personal supervision:

Student _____
Signature of Student Embalmer

Signed

James W. [Signature]

Licensed Embalmer No. 3780

P. O. Address K. C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to
with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.